HILLCREST NINE HOMEOWNERS' ASSOCIATION, INC.

Release and Indemnification Form for Volunteer

VOLUNTEER (Name and Address) (Please print clearly)	ACTIVITY (Please print clearly)
Date(s) of Activity:	
age or older and have volunteered my child(ren) or myse within Hillcrest Nine Homeowners' Association, Inc. (the myself or my child(ren) to hazards or risks that may incleave exhaustion, insect bites or stings, exposure to pesticides.	iny Volunteer named above under eighteen, am eighteen years of elf to participate in the Activity listed above on property located he "Property"). I realize the nature of the Activity may expose lude broken or sprained limbs, lacerations, overexertion, heat, fertilizers, or other chemicals, along with other potential injuries, italization and death. I understand and appreciate the nature of
or my child(ren) and release Hillcrest Nine Homeowner independent contractors (collectively, the "Association" representatives, estate, heirs, next of kin, and assigns for our property and for any and all illness or injury to persoresult from or occur during participation in the Activity, further agree that if any litigation or claim results arising Activity or the participation of my child(ren), and the Allitigation or claim, I agree to hold the Association harml	Activity, I hereby accept all risk to the health or property of myself s' Association, Inc., its directors, officers, agents, employees, or) from any and all liability to me or my child(ren), our personal r any and all claims and causes of action for loss of or damage to on of both myself or my child(ren), including death, that may whether caused by negligence of the Association or otherwise. I g out of, pertaining to, or in relation to my participation in the ssociation is named as a party or joined as a party to such less, defend and indemnify the Association in regard to any a expenses, including but not limited to reasonable attorneys' fees,
CLAIMS AND CAUSES OF ACTION FOR INJURY DAMAGE TO OUR PROPERTY THAT OCCURS ACTIVITY AND IT OBLIGATES ME TO INDEMN FOR ANY LIABILITY FOR INJURY OR DEATH	C AND UNDERSTAND IT TO BE A RELEASE OF ALL Y OR DEATH OF MYSELF OR MY CHILD(REN) OR AS A RESULT OF PARTICIPATING IN THE DESCRIBED NIFY AND HOLD HARMLESS THE PARTIES NAMED OF ANY PERSON AND DAMAGE TO PROPERTY ATION TO MY PARTICIPATION IN THE ACTIVITY OR
DATED this day of	, 20
Signature of Volunteer (if over 18)	
or Parent or Guardian (if under 18)	

Return the completed form Via US Mail, Email or Hand-Delivery to any Board Member.

Hillcrest IX HOA PO BOX 9972 Phoenix, AZ 85068 hoaboard@hillcrest9.org